

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215526836						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE SCOULAR COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 7/31/2015</p> <p>SCC ID NO: F1636556</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMANV</td> <td>1,000,000</td> </tr> <tr> <td>COMBV</td> <td>76,424</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMANV	1,000,000	COMBV	76,424
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2027 DODGE ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: OMAHA, NE 68102</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID M FAITH TITLE: PRESIDENT ADDRESS: 2027 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68102 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID M FAITH TITLE: PRESIDENT ADDRESS: 2027 DODGE STREET CITY/ST/ZIP/CO: OMAHA, NE 68102	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME:	RANDALL W FOSTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10801 MASTIN, SUITE 800		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		
NAME:	JAMES F KONZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10801 MASTIN, SUITE 800		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		
NAME:	JOHN A MESSERICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	250 MARQUETTE AVE, SUITE 1050		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		
NAME:	KURT L PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	250 MARQUETTE AVE SUITE 1050		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		
NAME:	OMER SAGHEER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2027 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		
NAME:	GEORGE V SCHIEBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10801 MASTIN, SUITE 800		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		
NAME:	ROGER L BARBER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2027 DODGE ST		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		
NAME:	CHARLES L ELSEA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2880 E. COUNTRY CLUB DRIVE		
CITY/ST/ZIP/CO:	SALINA, KS 67401		
NAME:	MARSHALL E FAITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2027 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		
NAME:	ROBERT E LUDINGTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	10801 MASTIN, SUITE 800		
CITY/ST/ZIP/CO:	OVERLAND PARK, KS 66210		
NAME:	JOAN C MACLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	250 MARQUETTE AVE #1050		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONE HARLAN DIRECTOR 2027 DODGE ST OMAHA, NE 68102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHILLIP VAN COURT DIRECTOR 3339 E COUNTRY CLUB DRIVE SALINA, KS 67401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID M FAITH	DAVID M FAITH, PRESIDENT	7/17/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			